

59th Medical Wing



U.S. AIR FORCE

WHMC/BAMC Urology Step 3 Product Line Analysis

Information Brief

Briefer: Army/AF MDs

Date: 5 January 2004

Integrity - Service - Excellence

Urology Overview

- Clinic Description
- GME Discussion
- Comparison of Data
- Areas of Possible Collaboration
- Requirements

Urology

WHMC/BAMC Descriptions

- Programs are similar with some exceptions:

	WHMC	BAMC
Major Differences in Programs	ESWL capability	
Specialty Coverage	Incontinence, Infertility, laparoscopy/endoscopy, pediatric urology	Trauma, Laparoscopy
# Authorized Staff MDs	5	4
# of Currently Assigned Staff MDs	4	4
# Projected Assigned MDs (Summer 05)	Lose 1, gain 1	Lose 1, gain 1
OR Starts	9	5

Urology

GME Program Status

- Residents rotate between WH, BAMC, and the University/VA system
 - Integration allows for wide spectrum of clinical/surgical cases
 - 6-year program (12 total residents)
 - Staff do not rotate between MTFs
- Last RRC review: 2003; 5-year accreditation; Next 2006
- Problem Area:
 - Pediatric Uro Numbers - a pervasive problem
 - Residents going to Baylor in Jan 05; incoming UT Peds Urologist will increase local volume/improve in future
- Resources: Near term equipment needs (UDS machine, ESWL)
- Staffing - WHMC: 75%, BAMC: 100%
- Case Mix/Volume: Mix is very good except for Peds, Volume is same
 - OR Starts: 9 at WHMC/5 at BAMC

Urology

Mobility and Other Deployments

	Air Force Physician Deployments	Army Physician Deployments
FY03	0	1
FY04	0	1
FY05	(1) - 4 months	(1) - 6 months

Comparison of Data

Urology

Access to Care

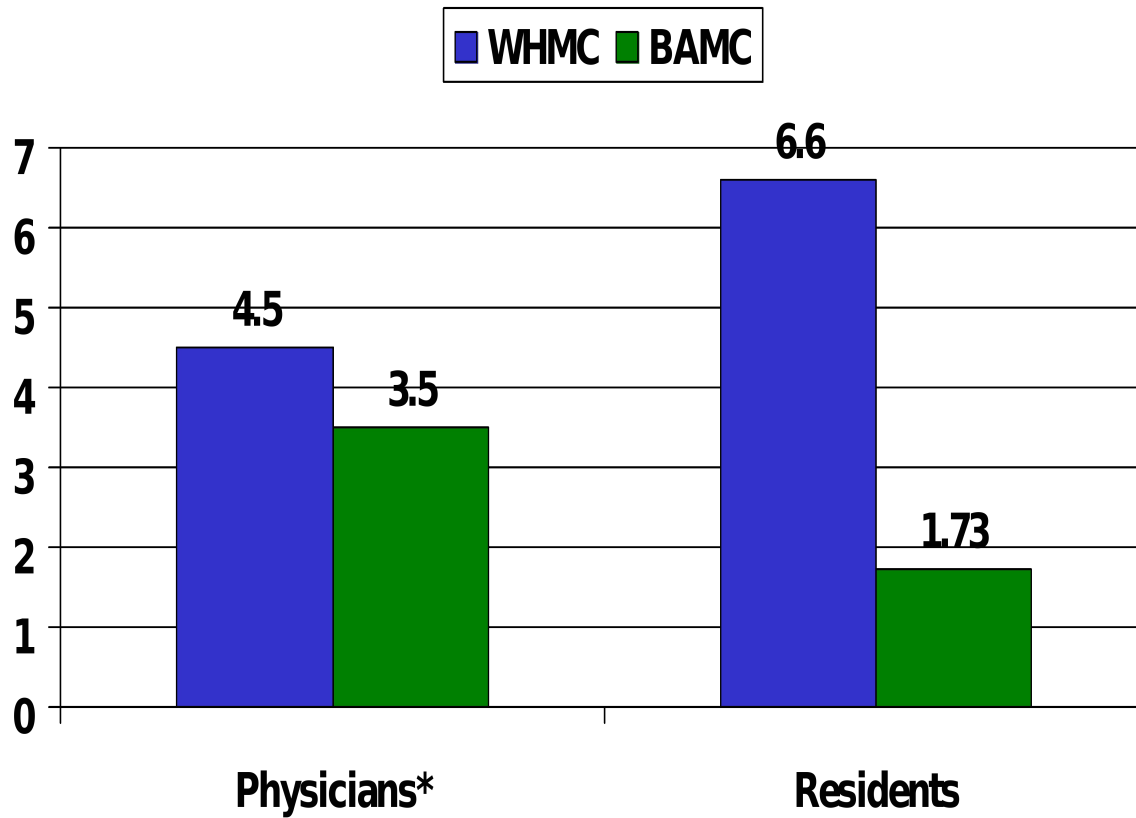
	Standard	WHMC	BAMC
Access to Care for Specialty Appt	28 Days	20 Days*	18.04 Days

* General Urology; others
Vary from 5 days for
trainees to 18 days for
pediatric urology

- Meeting Access Std

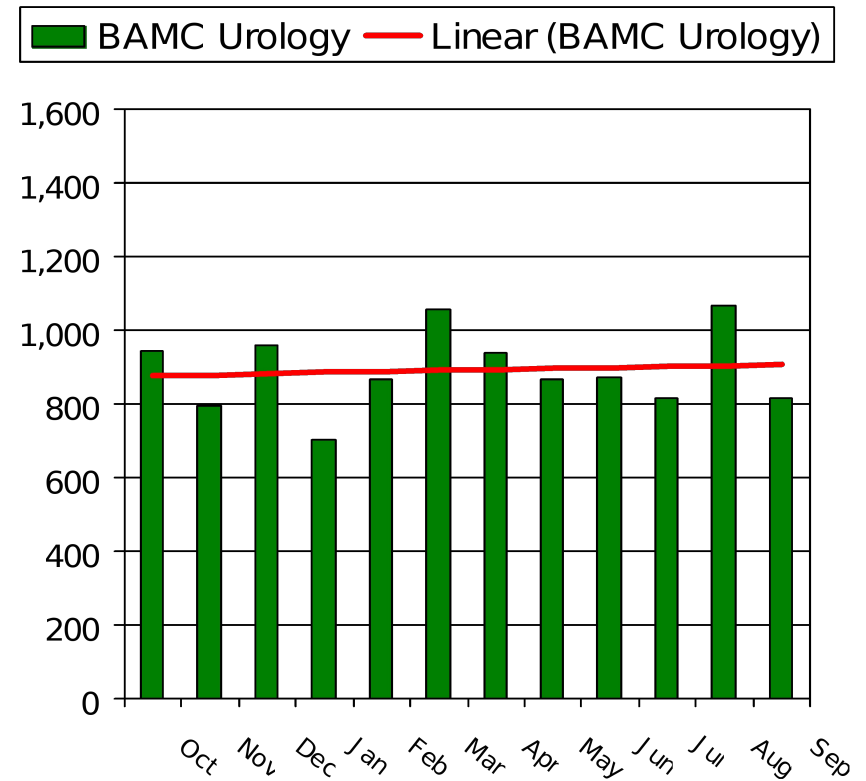
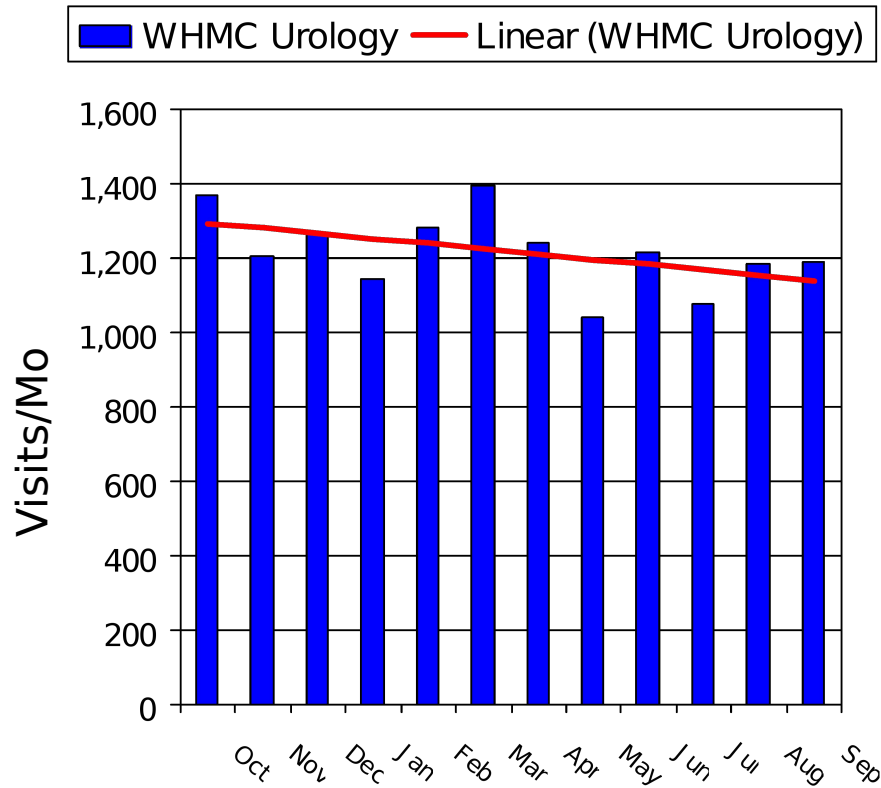
Urology

FY04 Avg Available FTEs



Urology

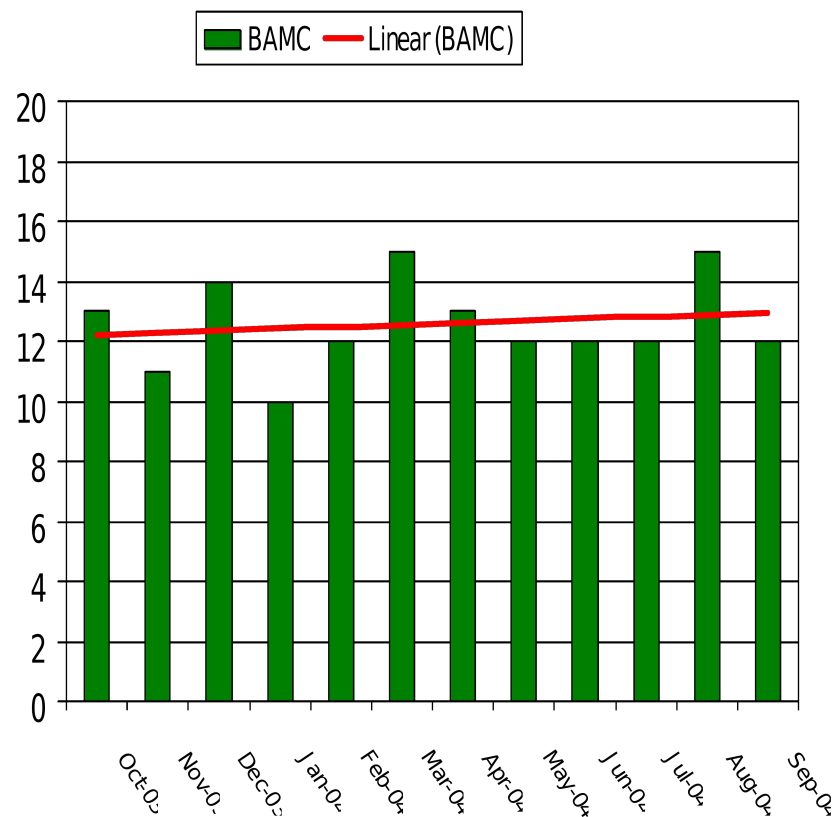
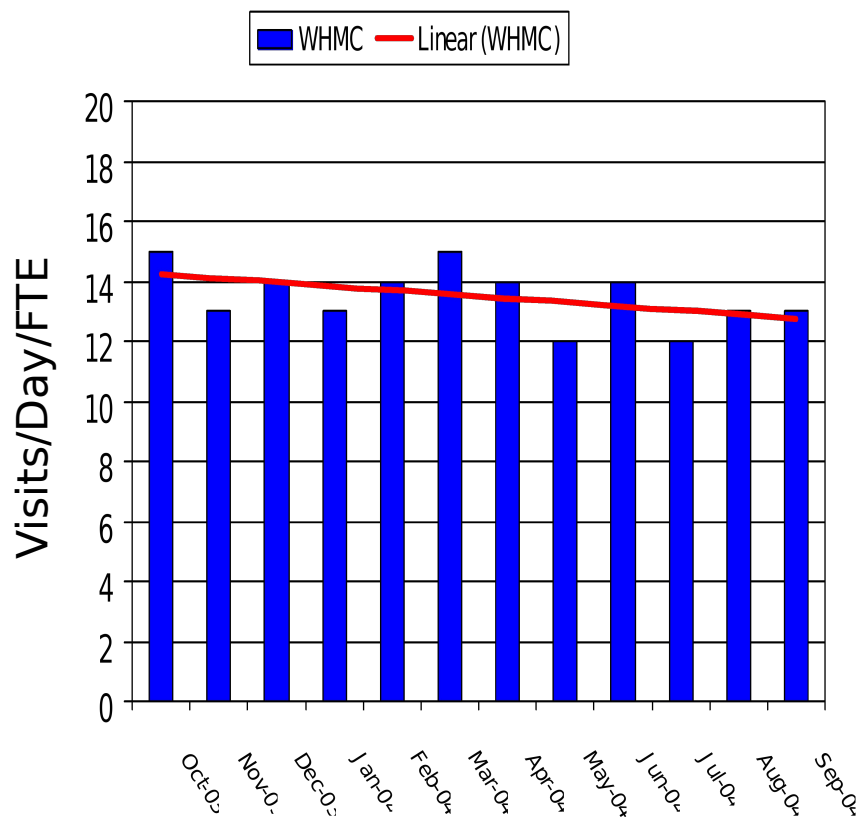
Total FY04 Visits



- WHMC Avg: 1,218/mo or 58% of SMM visits
- BAMC Avg: 892/mo or 42% of SMM visits

Urology

FY04 OP Visits/FTE/Day*



* Total Visits divided by Avail FTEs staff @ 20 days/mo

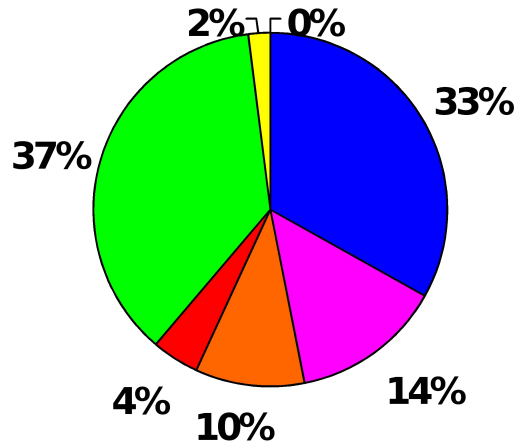
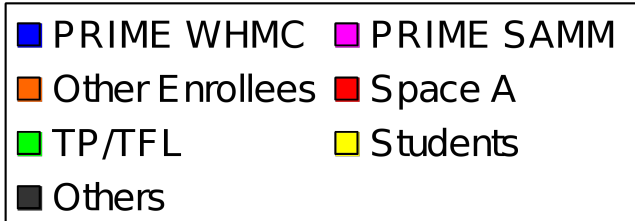
- Resident workload credited to staff physicians

- WHMC Avg: 14 visits/FTE/day

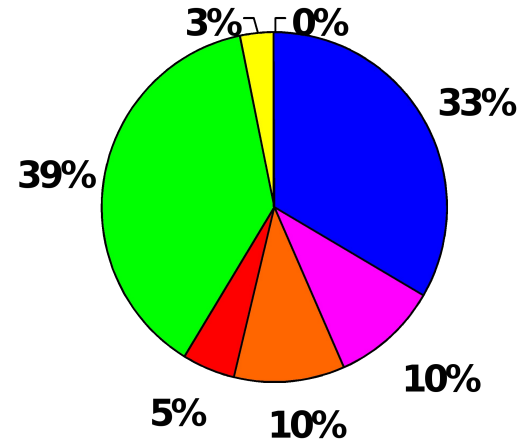
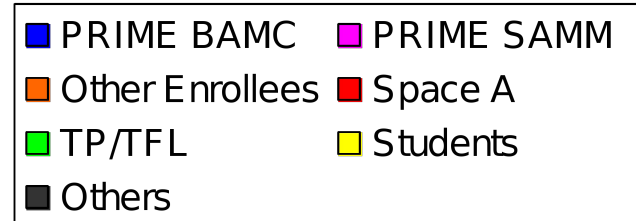
- BAMC Avg: 13 visits/FTE/day

Urology

Source of RVUs



WHMC

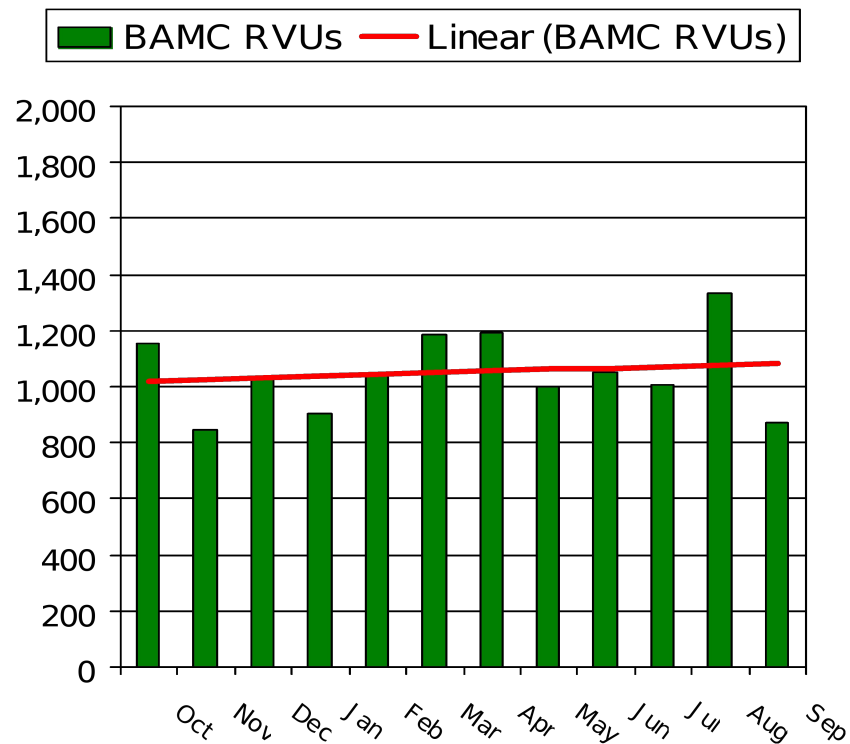
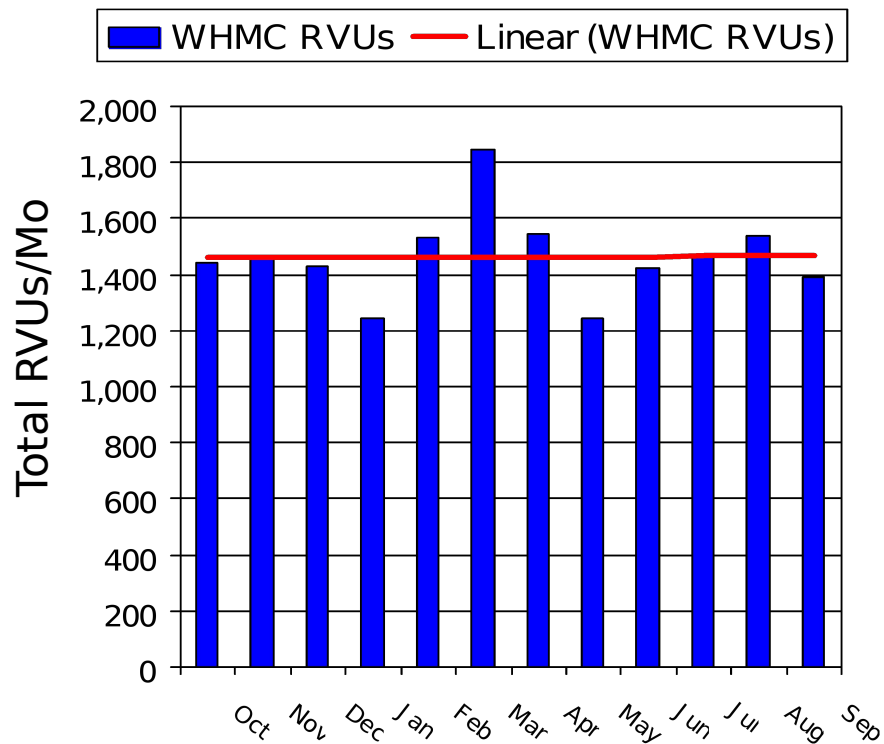


BAMC

- Sources of RVUs are similar for each MTF

Urology

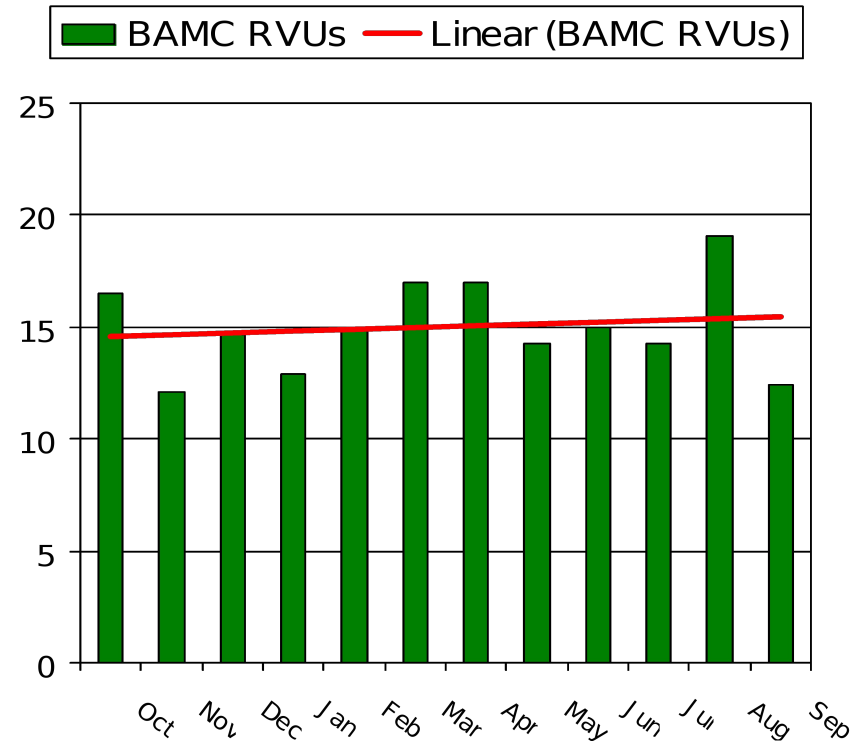
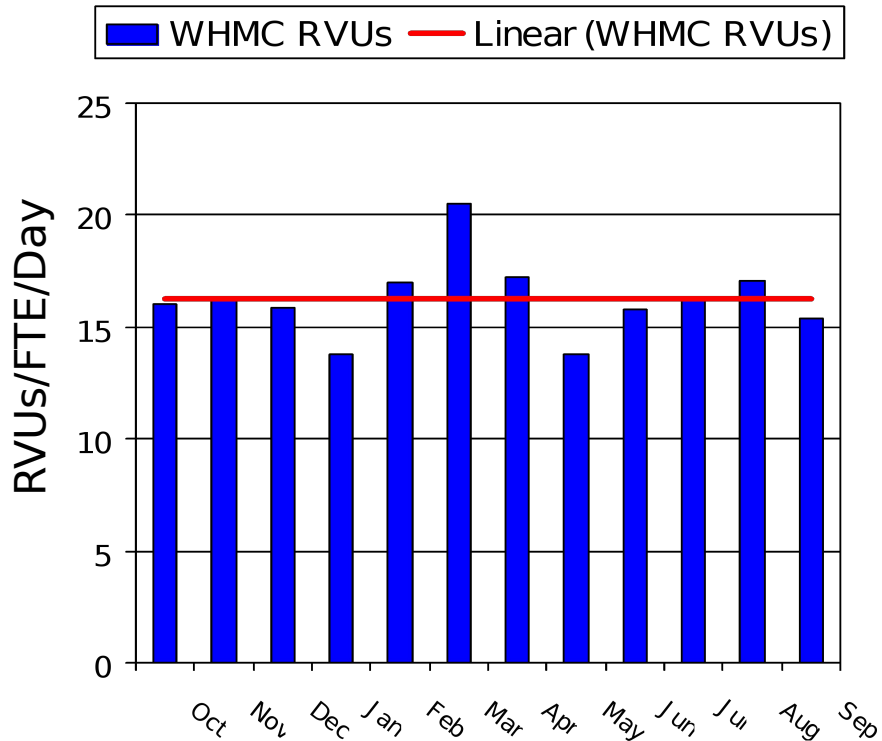
Total RVUs FY04



- WHMC Avg: 1,463 RVUs/mo
- BAMC Avg: 1,052 RVUs/mo

Urology

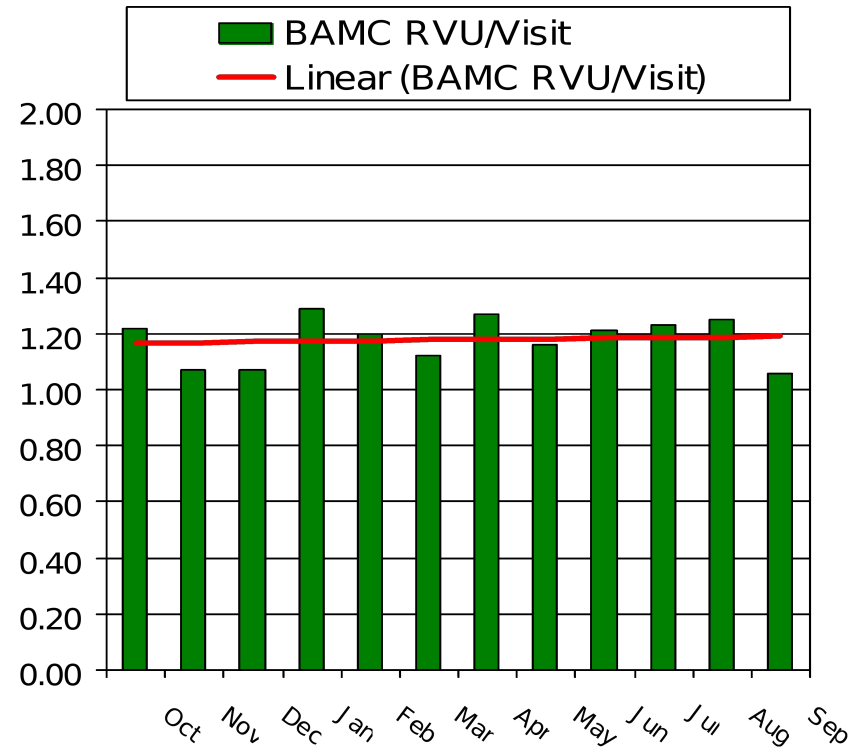
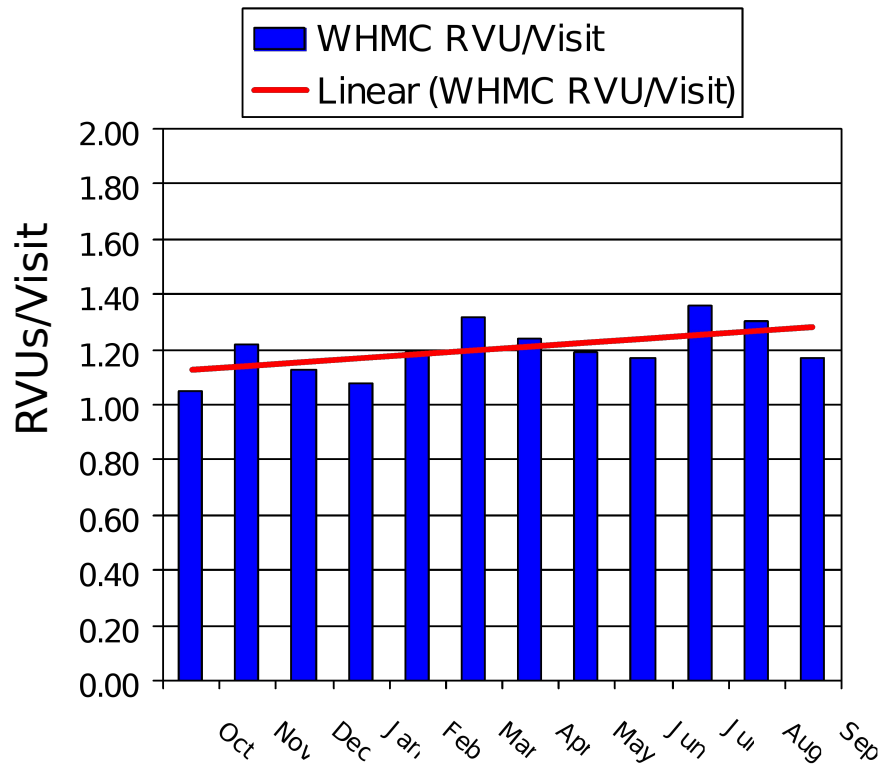
Total RVUs/FTE/Day FY04



- WHMC Avg: 16.3 RVUs/FTE/day
- BAMC Avg: 15 RVUs/FTE/day

Urology

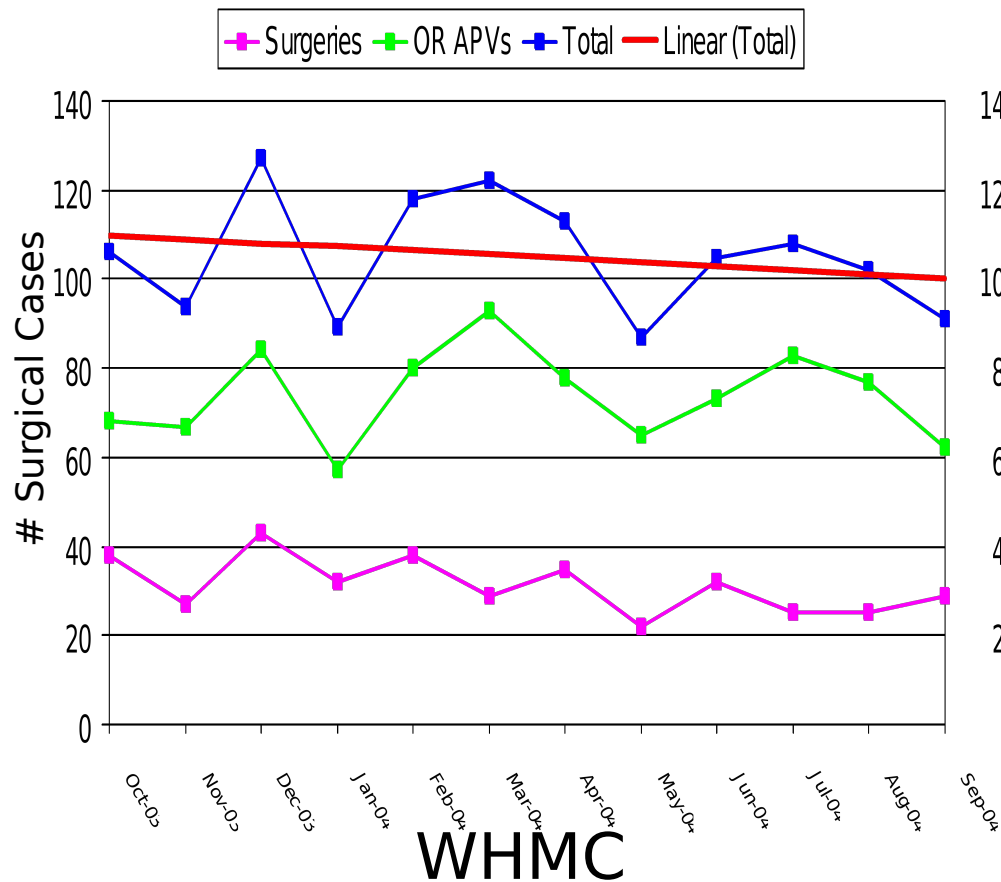
Total RVUs/Visit FY04



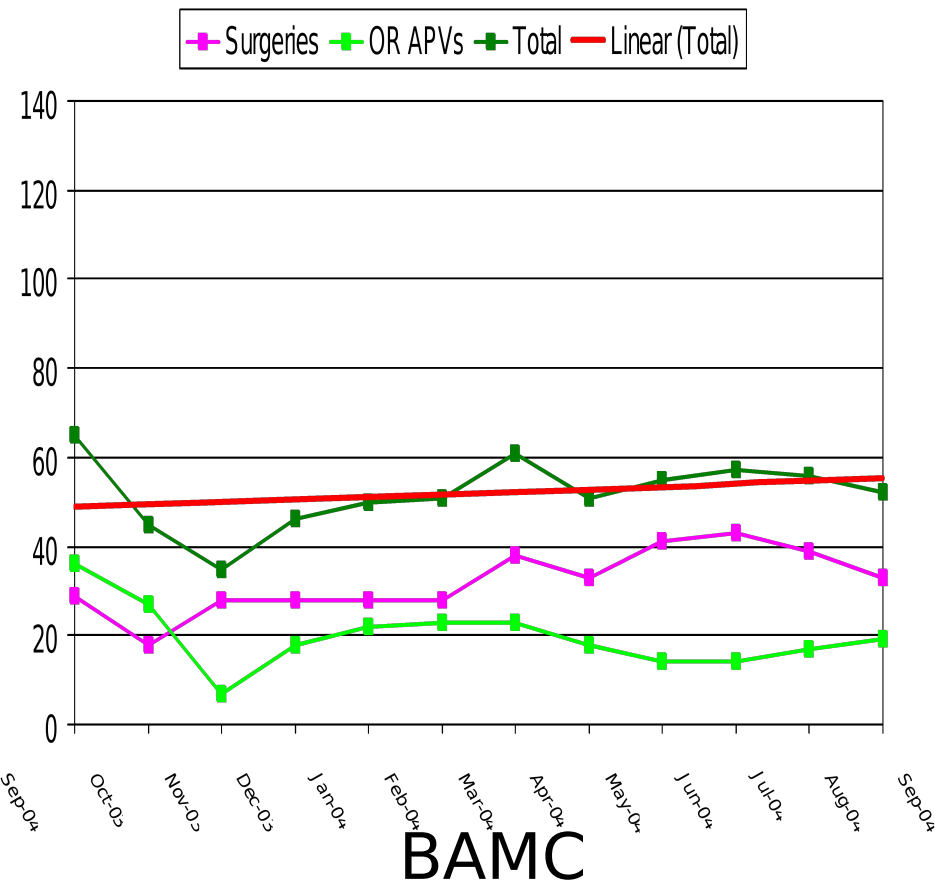
- WHMC Avg: 1.20 RVUs/Visit
- BAMC Avg: 1.18 RVUs/Visit
- Academic Avg: 2.99 RVUs/visit
- Now Available by Provider ←

Urology

Surgeries and OR/APVs FY04



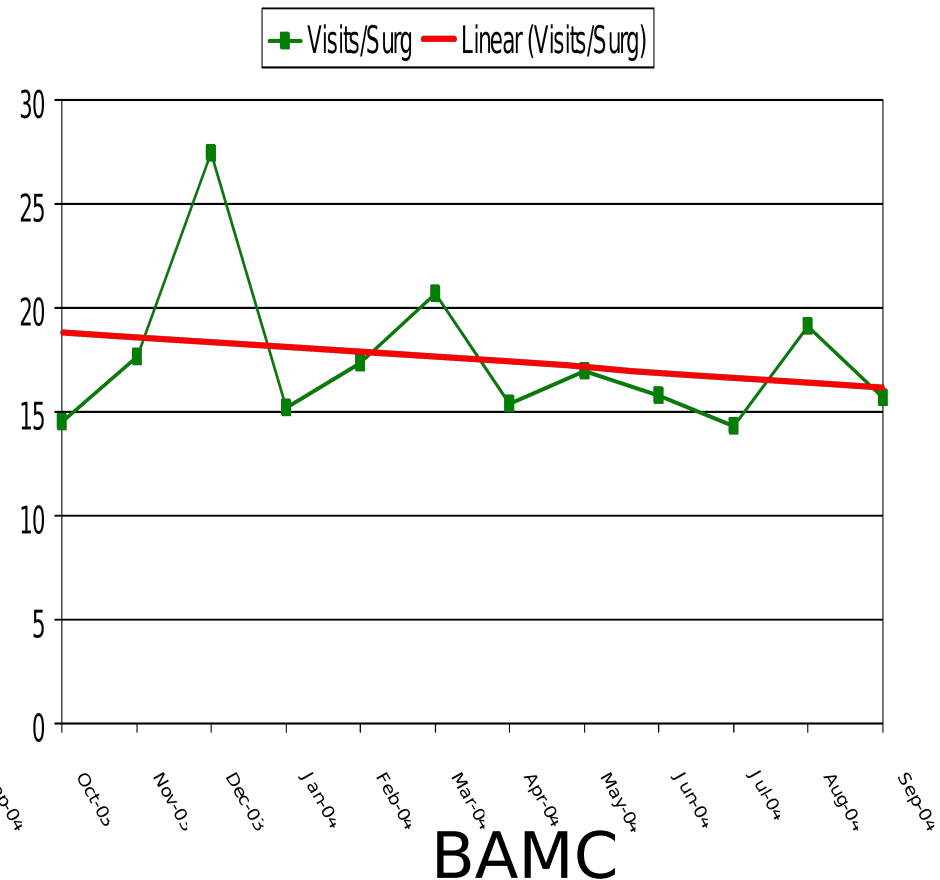
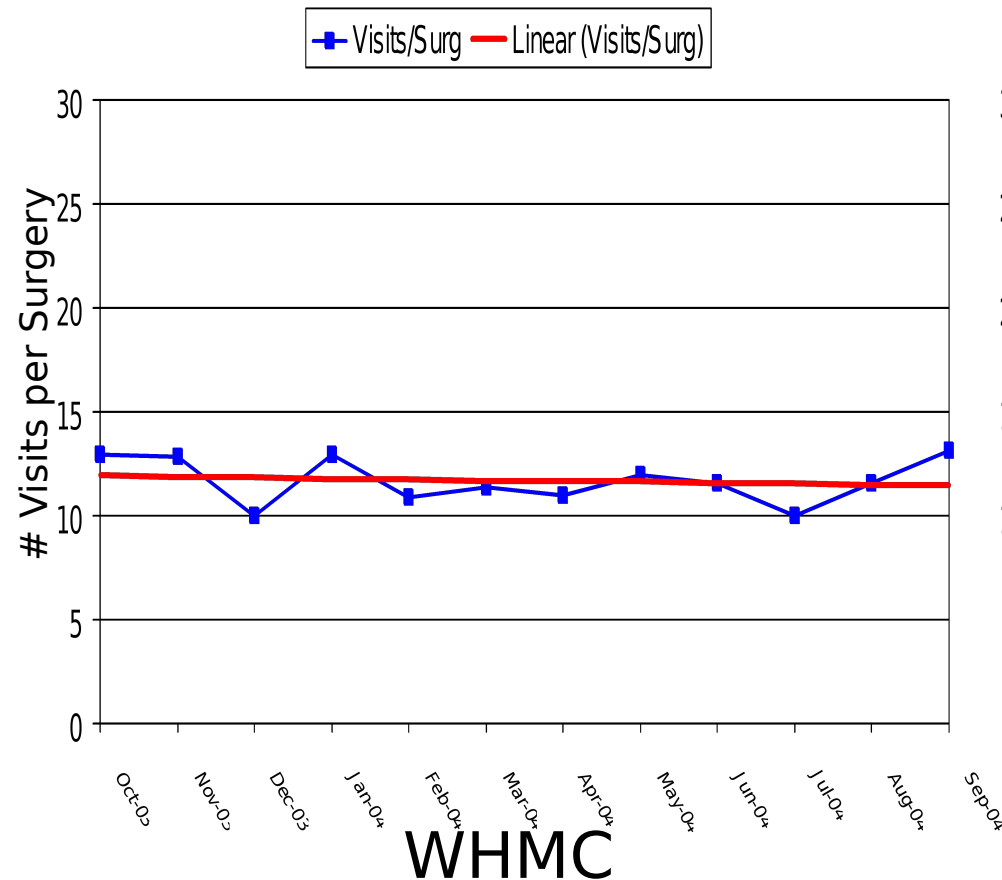
- Surg to OR/APV = 30%:70%
- FY04 Total Avg: 105/mo
- OR Starts: 9



- Surg to OR/APV = 59%:41%
- FY04 Total Avg: 52/mo
- OR Starts: 5

Urology

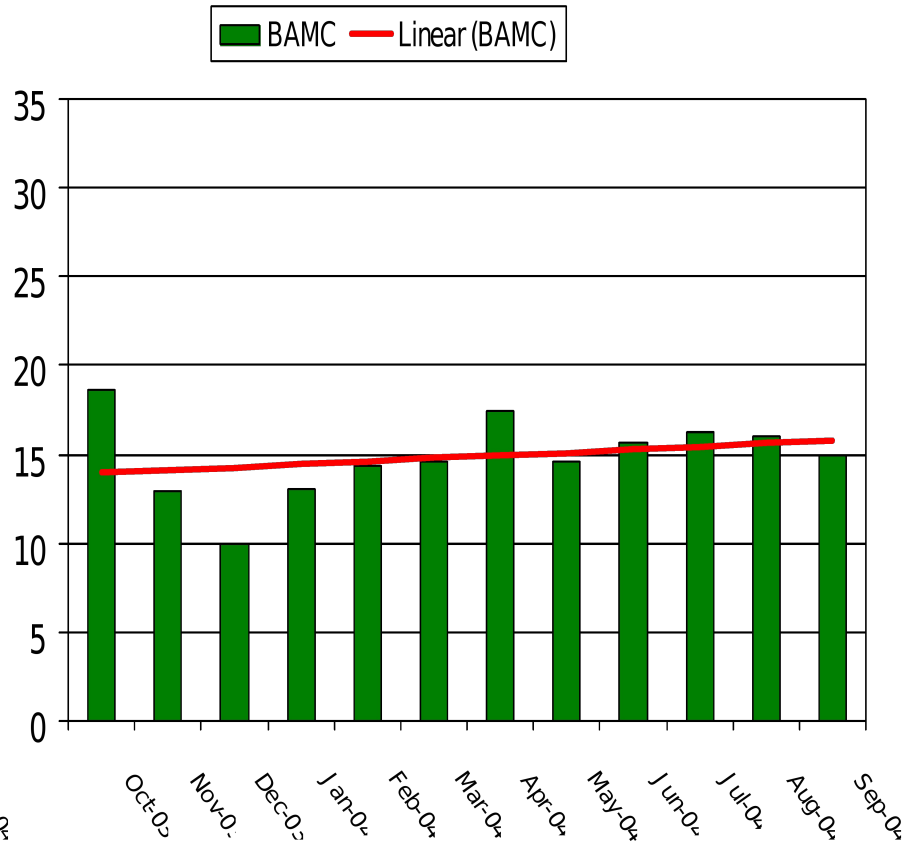
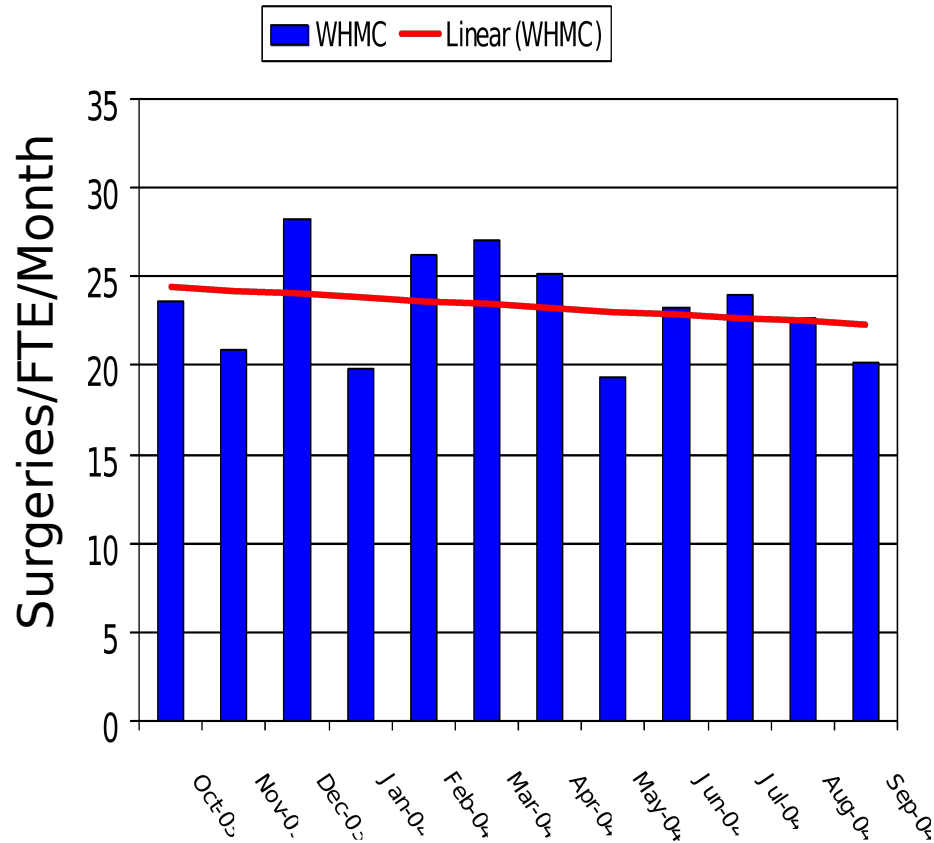
Visits per Surgery * FY04



- BAMC Avg 17 visits for each surgical case
- WHMC Avg 12 visits for each surgical case
- Goal/Std: ~10 visits for each surgical case

Urology

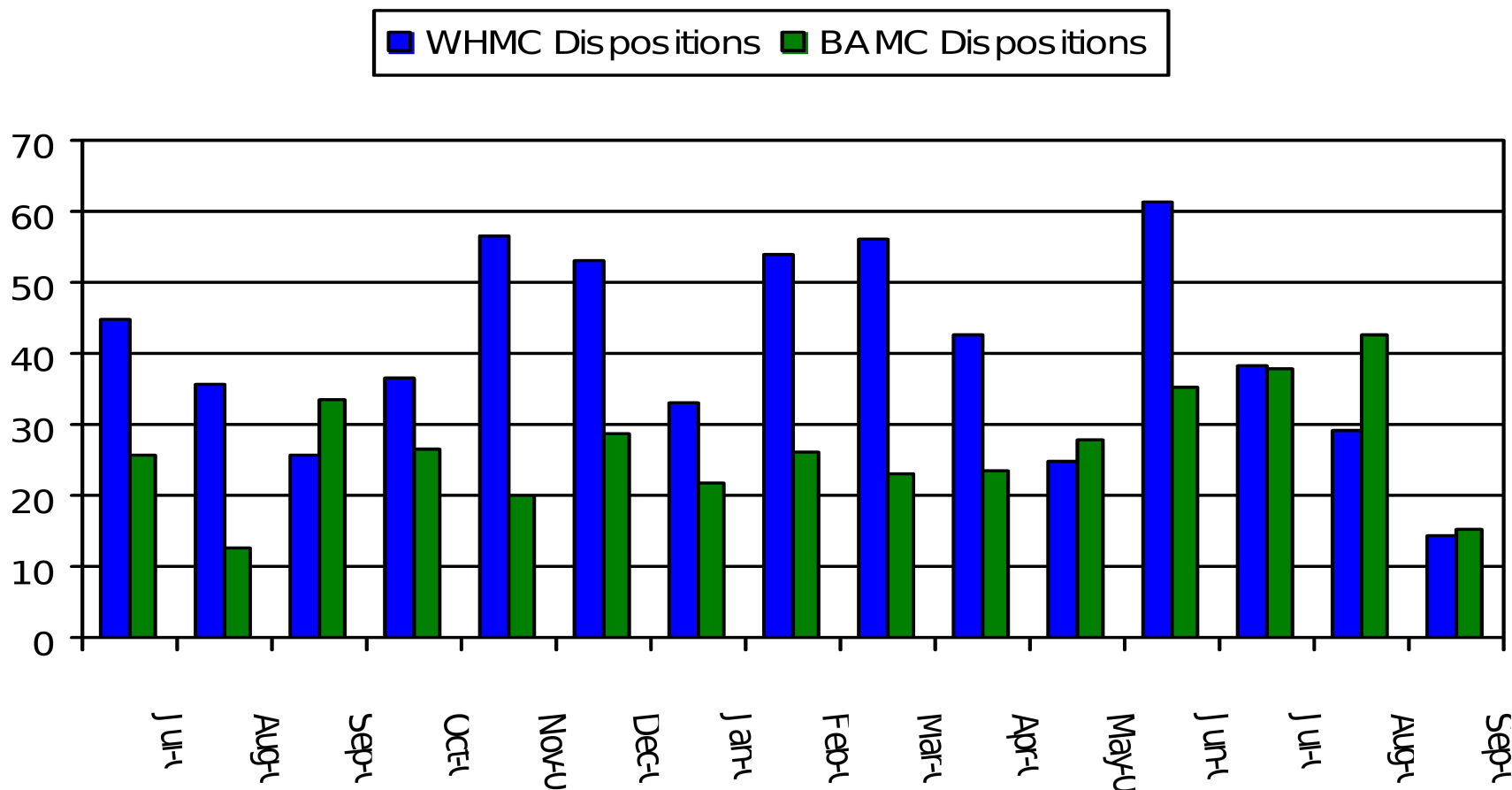
FY04 Surgeries/FTE/Mo



- WHMC Avg: 23.4 Surg/FTE/Mo (1.2/day)
- BAMC Avg: 14.9 Surg/FTE/Mo (0.7/day)

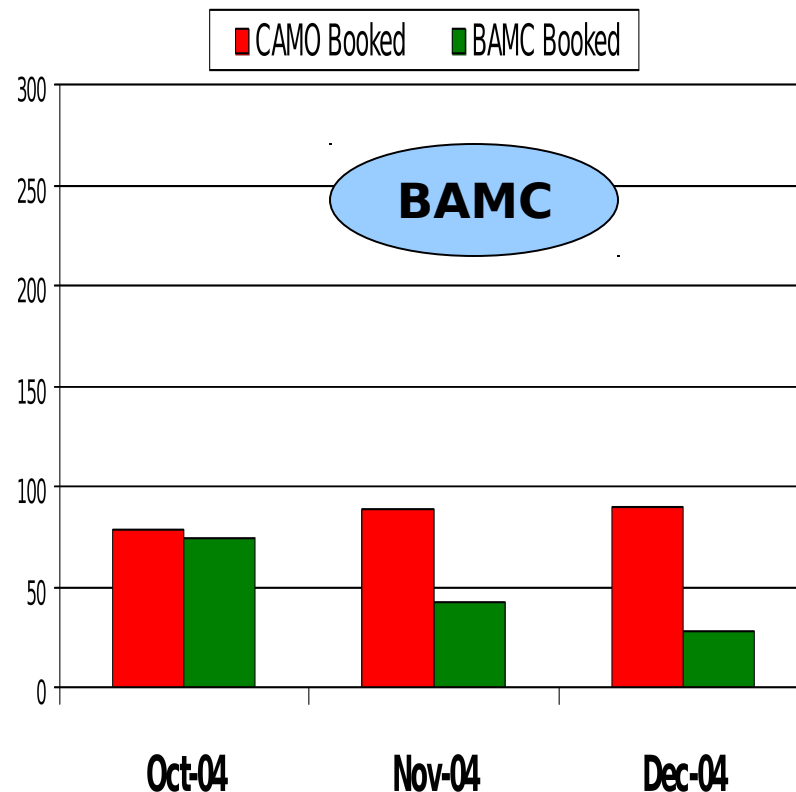
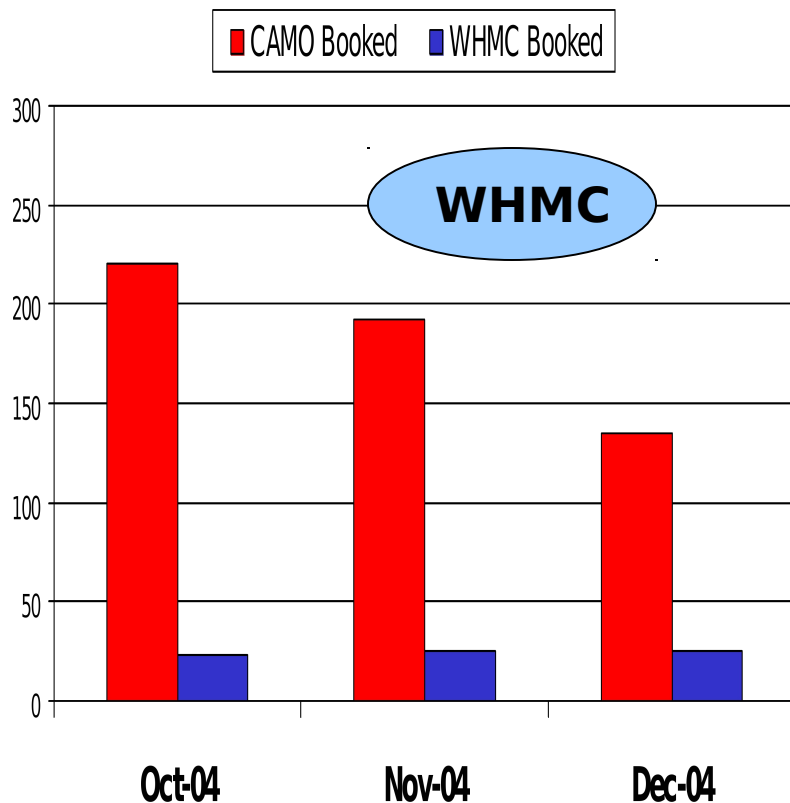
Urology

Total Dispositions Jul 03 - Sep 04 (15 mo)



- WHMC: 42/mo (57% PRIME; 36% >65 years old)
- BAMC: 27/mo (54% PRIME; 38% >65 years old)

Urology Consults and CAMO Booking*

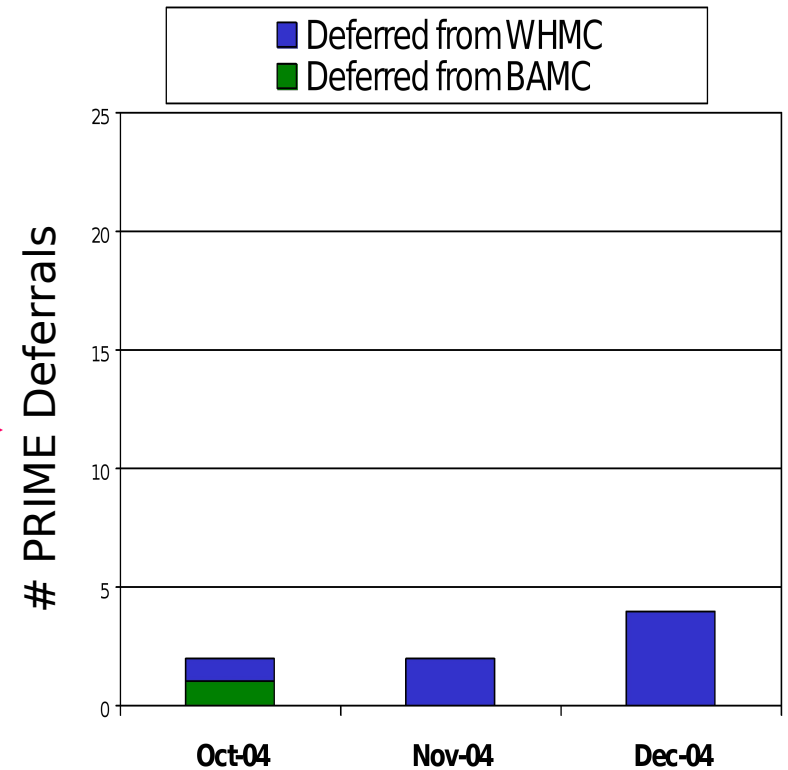
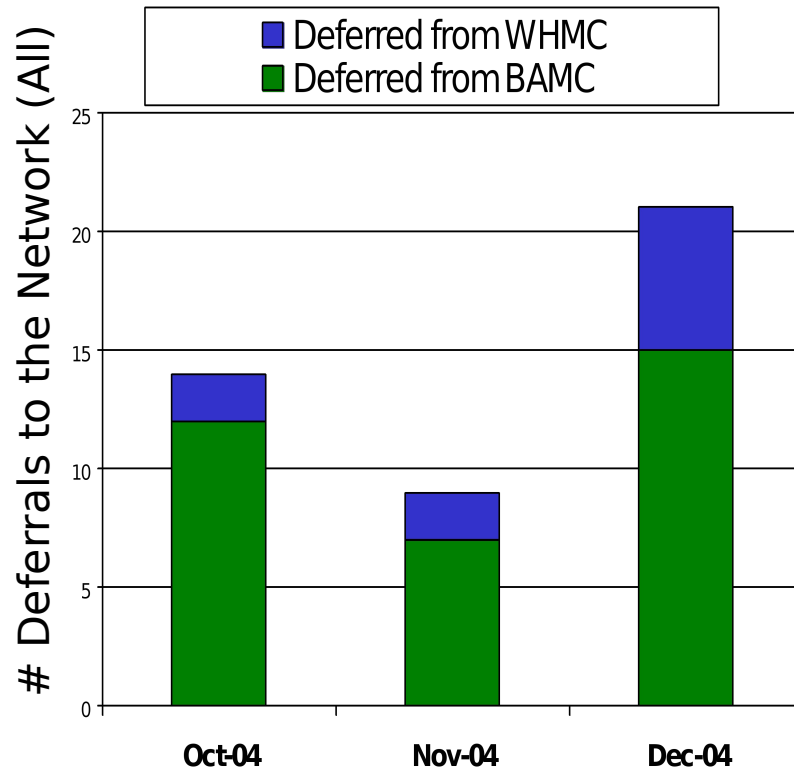


- CAMO Booking:
 - WHMC: ~ 90% of consults booked thru CAMO
 - BAMC: Increasing to ~76% in Dec 04

* Dec 04 data thru 21st

Urology

Deferrals to Network (All and PRIME)*

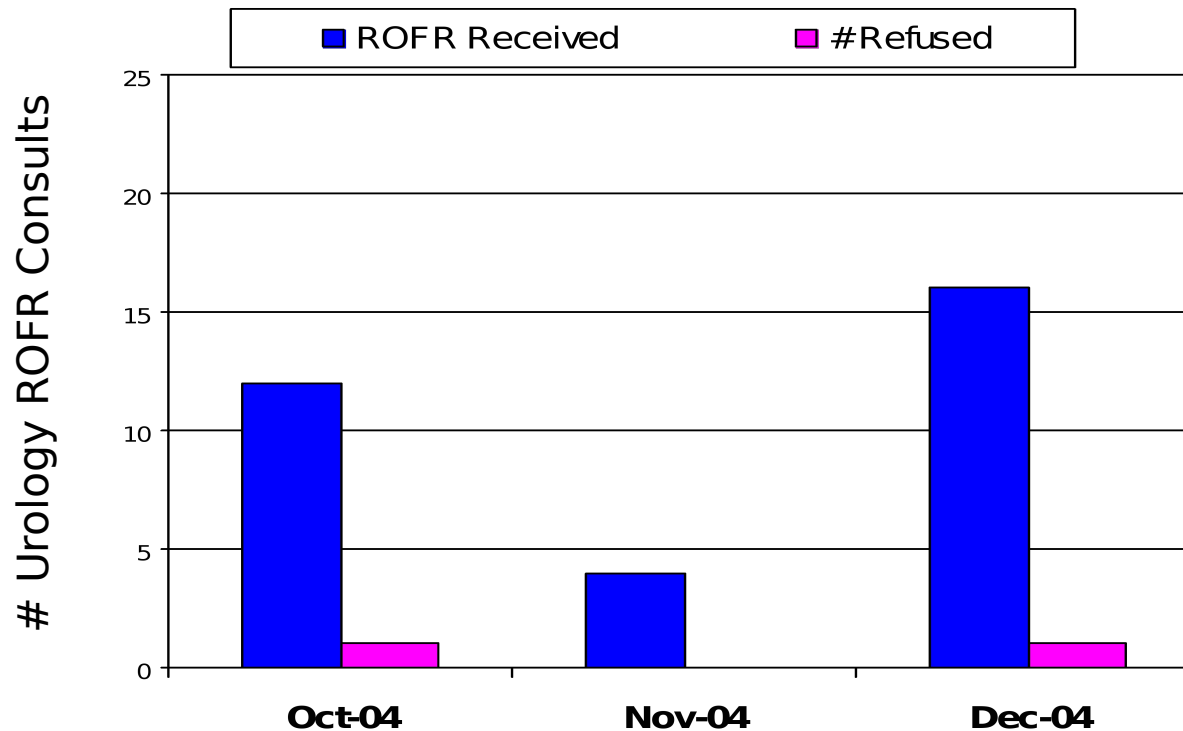


* Internal SA MM Consults

- 14-19% of all urology deferrals to network are for PRIME beneficiaries
- All deferred PRIME are retirees

Urology

Right of First Refusal (ROFR)*



* Consults received from Humana for "Network Enrolled"

- Only 1 urology refusal since 1 Nov 04 when Revised Financing began

Urology Market Share

- In FY03, WHMC and BAMC had a **94%** market share (outpatient) for beneficiaries under age 65
- FY04 will be approx. the same
- Direct Care CMAC:
 - BAMC: \$891K
 - WHMC: \$908K

- Outpatient claims were up slightly compared to FY03

	FY03	FY04 >95%
Active Duty	\$ 4,330	\$ 1,940
BAMC PRIME	\$ 20,332	\$ 10,124
WHMC PRIME	\$ 3,580	\$ 11,029
Other MTF	\$ 1,160	\$ 3,410
Network PRIME	\$ 32,166	\$ 43,773
Tricare Standard	\$ 47,276	\$ 45,582
Total <65	\$ 108,844	\$ 115,858

CMAC: Champus Maximum Allowable Charge

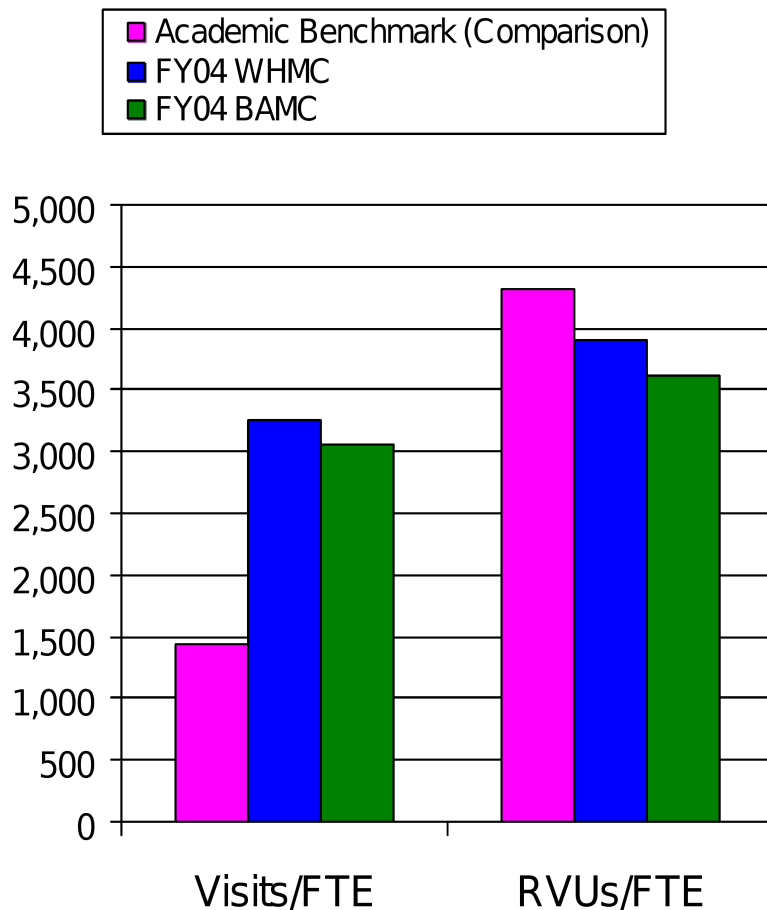
Urology Coding Analysis

	Air Force	Army
ICD9	87.8% for visits; 75.6% for APVs *	80.0%
CPT	95.83% for visits; 72% for APVs	100%
E&M	84.9% for visits; 100% for APVs *	100%

* Improvement from ~45% accuracy reported on Jul
04 audit

Urology

Benchmark Comparison per FTE



	WHMC	BAMC
#FTEs	4.5	3.5
FY04 Visits	14,610	10,698
FY04 Visits/FTE	3,247	3,057
Academic Benchmark (visits/FTE)	1,445	1,445
% Compared to Acad. Benchmark	225%	212%
FY04 RVUs	17,560	12,628
RVU/Visit	1.20	1.18
RVU/FTE	3,902	3,608
Academic Benchmark (RVI/FTE)	4,316	4,316
% Compared to Acad. Benchmark	90%	84%

- While both WHMC and BAMC are exceeding academic avg for Visits/FTE, they are falling short of academic avg for RVUs/FTE due to low RVU/visit relative to academic average of 2.99 RVUs/visit.

Possible Collaboration and Requirements

Urology Collaboration

- WHMC and BAMC Urology provide identical services in most areas (about 90%) except:
 - Complex incontinence/urodynamics, neurologic disorders, pelvic reconstruction – WHMC
 - Peds- WHMC (clinics seen at many hospitals)
 - Complex infertility – WHMC
 - Trauma and male urethral reconstruction – BAMC
 - ESWL eligible stones - WHMC
- The residents rotate but the staff are stable: the patients go to the hospital with expertise for surgery
 - This is more efficient and safer
- Bottom line: almost all services need to be in both hospitals with specialty cases triaged and sent to the staff with expertise

Urology

Requirements & Issues

- Provider Staff: Inadequate #s
 - Impact: loss of patients to private sector care
 - Consider decreasing services when deployed to Balad
- Support staff:
 - Short 4 Urology Techs (at 50%)
 - Our coding person is an over hire – needs to be permanent
 - Admin support: more 4A's needed maximize productivity: back-to-back deployments Jan – Aug, may require 4N0 tech to cover
 - 1 RN inadequate: Telephone triage, pre op teaching and post op care
- Space:
 - Waiting area shared with General surgery (GS) and not large enough
 - Only 5 dedicated exam rooms for staff doctors
- Equipment
 - UDS machine and ESWL nearing replacement (~\$500K)



Integrity - Service - Excellence